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ABSTRACT

The guide offers information to family day care providers who desire to expand their knowledge of early childhood development in order to work with infants and young children with special needs in their day care settings. The first of four chapters answers common questions and concerns of day care providers, describes children with special needs and the importance of early intervention, lists advantages of having children with special needs in the family day care setting, and explores providers' feelings and reactions to special needs children. Chapter 2 discusses aspects of child development, including sequential learning and developmental milestones, and describes the importance of gathering information, communicating with parents, observing the child carefully, and noting warning signs of developmental delay or other disability. Chapter 3 outlines steps to take in referring a child for assessment, describes participation in the assessment process, and discusses working with specialists. A final chapter focuses on the relationship between providers and parents of special needs children, including understanding parents' needs and reactions, ingredients for a positive provider-parent relationship, parent meetings, and parent involvement. A bibliography and list of organizational resources are appended. (JW)

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Children with Special Needs in Family Day Care Homes



**A Handbook
for
Family
Day Care
Home
Providers**

El Centro de Rosemount

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**Children with Special Needs in
Family Day Care Homes
A Handbook for Family Day Care Home Providers**

Written by Beatrice de la Brosse

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**El Centro de Rosemount
Washington, D.C.**

El Centro de Rosemount is a private non-profit child development organization dedicated to fostering the emotional, physical, social and intellectual needs of infants and young children. It has provided quality care for children for more than a decade. Rosemount is strongly committed to serve and advocate the interests of families of diverse backgrounds. Rosemount emphasizes the understanding and appreciation of crosscultural and humanitarian values in a bilingual setting; the maintenance of active community ties, and the development of opportunities for educational research that will ultimately enhance the fulfillment of these fundamental principles.

Un Buen Comienzo (A Good Beginning), conducted by El Centro de Rosemount, is a demonstration model program, offering day care and therapeutic services to young children with special needs.

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Foreword

Children with Special Needs in Family Day Care Homes represents El Centro de Rosemount's commitment to the belief that children with disabilities can be mainstreamed into the Day Care Community. We firmly believe that Family Day Care can and does provide to families and their children an environment that is loving and competent. We adhere to the principles of Early Childhood Development in multi-cultural, bilingual environments.

Children with Special Needs in Family Day Care Homes is the culmination of a three year grant from the Office of Education, Handicapped Children's Early Education Program. During that period we learned of the dedication of Family Day Care Providers to children, including children with disabilities. We learned that very little resources or encouragement was available to providers. Many have educated themselves, overcoming great hardships. We learned that parents of children with disabilities, who worked or were in training, were in desperate need of day care that could meet the needs of their children. Un Buen Comienzo brought the two together.

Children with Special Needs in Family Day Care Homes provides the learner with an opportunity to enhance their knowledge of child development, warning signs, parent communication and multi-cultural sensitivity and potential community resources. It doesn't seek to provide a cookbook approach to "What do I do?" as a means of guaranteeing the operationalization of a fail-safe family day care home caring for children with disabilities.

The Board of Directors, Staff, Family Day Care Providers, Parents and Children of El Centro de Rosemount and Un Buen Comienzo wish all of you "Buena Suerte" (Good Luck) as you raise the quality of the children's lives who are under your care.

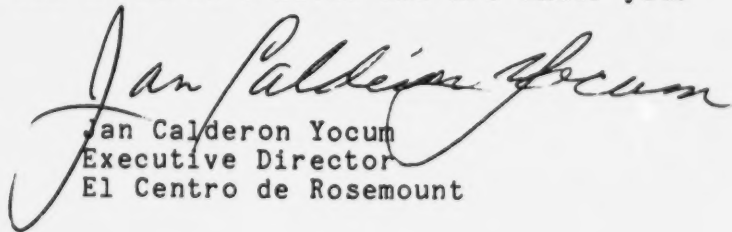

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Introduction

Have you ever considered working with children with special needs? Chances are you are planning to do so. If you have had children in your care, you probably have had, at one time or another, a child whom you felt was not "on target" or developing like other children his/her age.

Children with Special Needs in Family Day Care Homes: A Handbook for Family Day Care Home Providers, is the first of a series of two handbooks that has been written for the Family Day Care Provider who wants to learn about working with infants and toddlers with special needs. It takes into account that providers encompass a diversity of people, with different needs and different educational backgrounds. It is directed towards providers who have had training in early childhood development and who desire to expand their knowledge in learning what is entailed in having children with special needs in their Family Day Care Homes.

Children with Special Needs in Family Day Care Homes: A Handbook for Family Day Care Home Providers approaches children with special needs from the point of view of normal child development, emphasizing that children with special needs are first and foremost children whose needs are similar to all children. It also stresses that starting at an early age will guarantee fewer difficulties in the future development of the child with disabilities. The focus is on children

from birth to three years with mild to moderate disabilities. By mild to moderate we mean children who are developing slightly behind what is considered normal for their age.

As a provider, there are many things that you already know that can greatly help a child with disabilities get what he/she needs to grow to his/her fullest potential. You are an expert in your field of work, that of caring for children; however, you are not expected to be an expert in special education. The thought of having a child with special needs in your home may produce many different feelings and many questions.

- What can I expect from having a child with special needs in my home?
- What should I know about children in order to work with children with special needs?
- What should I do when a child has a disability?
- How do I work with the parents of special needs children?

Along with answering these questions, the handbook will wipe away many of those mysteries surrounding children with disabilities and will pave the way to a better understanding of what it means to have a special needs child in your Family Day Care Home. We hope that this handbook will be an interesting and rewarding experience for you.

A Child with Special Needs in a Family Day Care Home

1



A child with special needs in a family day care home

We begin this handbook by answering some common questions and concerns that many providers have shared. Your feelings and understanding of children with disabilities will directly affect your success with a child with special needs. Your attitudes, doubts, fears and expectations will all have an impact on your relationship with that child.

This chapter will discuss:

- Who are children with special needs and what are their needs?
- Does early intervention make a difference?
- The advantages of having a child with special needs in your home.
- A good look at yourself.
- Some common questions asked by providers.

Children with special needs

A child with special needs is "one who has a physical or mental condition that alters or slows his/her normal growth and development."

Dick is a lovable two year old boy. He loves to play outside, climbing and sliding down the sliding board. He enjoys dancing when he hears music and smiles from ear to ear when he gets to finger paint. Dick is two and has a very small vocabulary of about 3 words. When he wants to say no, he just shakes his head or when he wants something he uses gestures to express himself.

Diedra babbles happily and even says "da-da." At 8 months she cannot sit without someone helping her. The movements of her legs and arms are very floppy.

Bob loves to play but it's hard for him to concentrate on any activity for more than a few minutes. He loves to hug adults but with children he hits or bites them often. When he gets angry, he throws things or cries for long periods.



Conditions causing disabilities

Dick, Maria and Bob are children with special needs. Dick has language problems, Diedra motor problems, and Bob social/emotional problems. There are a variety of conditions that may affect a child's development.

The following are examples:

Hearing Problems

Speech and Language Problems

Vision Problems

Emotional and Social Problems

Orthopedic Problems
(including spine, bones,
muscles and other parts
of the skeletal system)

Other Health Problems
(i.e. asthma, heart defects,
etc.)

When these conditions limit the normal development of a child, they are considered disabilities.

Children at risk

There are children who are considered at risk of having disabilities. These children "at risk" may be children that were born very early with below normal birth weight (i.e. prematurity) or that had medical complications at birth. Other children considered "at risk" are those born into environments where the lack of stimulation, poor health and poor nutrition may affect their development. They are children at risk of having disabilities because these conditions sometimes cause delays in development and learning difficulties during childhood. They have the potential of becoming children with special needs.

Mild or moderate disabilities

Maria enjoys playing in the sandbox. She loves to pour sand into containers. She will usually exclaim, "Look!" Maria learned to sit at a year and to walk at 22 months. She now walks but her right leg is weaker than her left and her walk is stiff and unsure. She falls often.

By mild or moderate we mean children who are developing slightly behind what is considered normal for their age. A child may be behind in walking as is Maria or may have difficulty in speaking as is Dick. Another child may have some acting out behaviors or problems with attention that get in the way of learning as is Bob. These are examples of mild to moderate problems that affect normal child development. When children are young and the disabilities are mild or moderate, they are more difficult to detect. Often children function alongside other children without any noticeable difference. Because of this, many of these children go unnoticed until they reach school age. If their problem is detected early they have a better chance of overcoming or improving their condition.

A child with special needs is a child first

All children are unique, with individual strengths and weaknesses. They may come from different cultures, different backgrounds and different environments. They may all differ in the way they learn, in their interests and skills and needs. For example, an infant may enjoy colorful toys that make sounds so you use these toys to encourage the infant to reach and grasp, thus developing his ability to move his arms and use his hands. To teach a child his colors, you may use fingerpaints often because fingerpainting motivates him/her. A child may enjoy helping you cook so you use making cookies to teach him/her how to follow directions, and learn how to pour or how to count. Each of your children have different skills and different things that motivate them. Children with special needs are no different. They have their strengths, weaknesses, interests and needs.





Children's Rights

The following are some principles for you to take into consideration. As with all children, children with special needs have basic rights.

- The right to feel loved and accepted.
- The right to experience competence and success no matter how small.
- The right to know what is expected of them and the right to know what is appropriate and not appropriate behavior.
- The right to be in an environment that allows them to grow and develop to their fullest capacity.

And you, as a provider, can create such an environment for the child with special needs.

Early intervention makes a difference

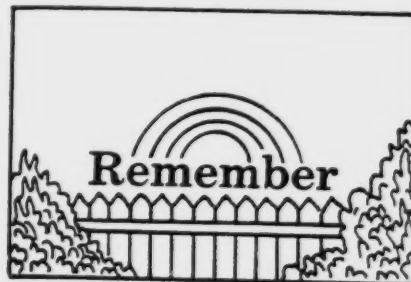
Early intervention is giving a young child the needed help in order to minimize any future problems and to redirect any unhealthy patterns of development.

Roberto and his twin brother were premature. In the early months of life, Roberto's mother began noticing how Roberto was not progressing as he should. His brother had learned to roll over and sit before Roberto did. Their mother decided to go to her pediatrician. The pediatrician suggested that Roberto should see a therapist because he was a bit behind in motor development. Roberto's mother was then referred to an occupational therapist. An occupational therapist is a trained professional that provides treatment through self-care and work and play to enhance motor development. When working with infants and toddlers, an occupational therapist may use play, exercises and other techniques to stimulate proper motor development. Roberto began receiving therapy from the occupational therapist in order to strengthen his muscles and to help him in motor development. Roberto is now 2 years old. He runs alongside his brother. He has done so well that he, now, no longer needs occupational therapy. Thanks to his mother's awareness and the doctor's decision to recommend a therapist, Roberto overcame what could have been more difficult to correct if it hadn't been done when he was an infant.

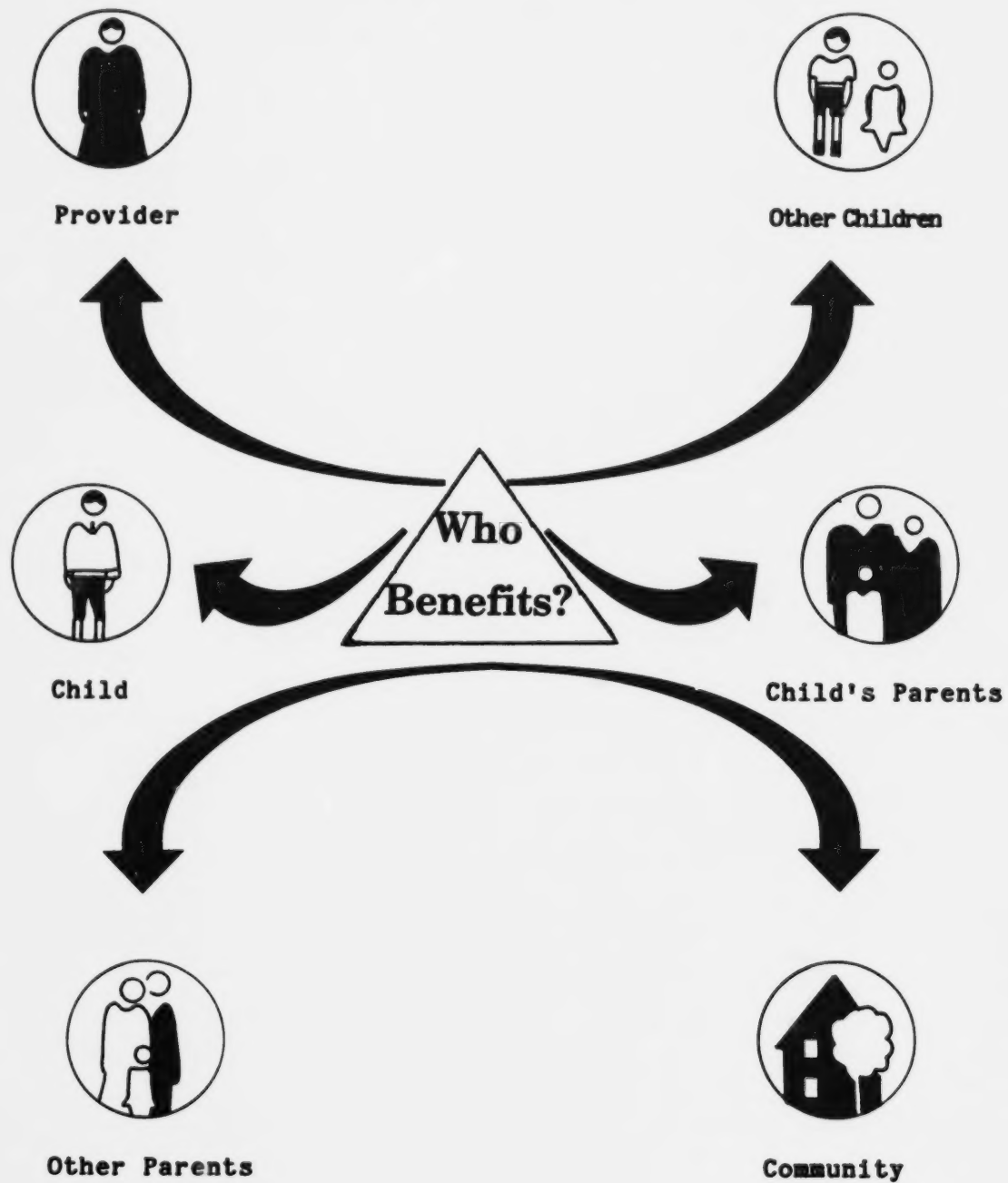
Not all stories are such a success. They will greatly depend on the type and degree of the delay. However, no matter how mild or severe the disability, the benefits of starting early will definitely have a beneficial impact on how the child will develop.

In order to show this idea more visually, let us take for example the construction of a house. If the foundations are strong and level, the house has a better chance of being solid and upright. However, if a house does not have a good foundation then it will not be a very sturdy home. So too with a child. The greatest spurt of physical growth and development occurs from birth to three years old. As we can see with Roberto's experience, early intervention set him on the right path and made a decisive difference in the child's future.

Early intervention is giving a child, at an early age, the needed help in order to minimize any unhealthy patterns of development.



**THE ADVANTAGES OF HAVING A CHILD WITH SPECIAL NEEDS
IN YOUR FAMILY DAY CARE HOME**



The advantages of having children with special needs in your family day care home

There are many advantages to having children with special needs in your home. Research has shown that many environments that include children with special needs alongside with other children are effective and positive. Not only does the child with special needs benefit, but you and the other children do too. The following lists some of these benefits.

- You, as a provider, gain through growth and self-improvement, learning new skills and ideas and the satisfaction of assisting a child with a disability achieve his potential!
- An important benefit is that both the special child and the other children gain in such an environment. Their positive self-concepts are greatly enhanced.
- Children learn more readily to accept differences.
- Qualities of cooperation and helping tend to be encouraged in such an environment.
- Strengths are nourished more readily than weaknesses.
- Parents benefit from seeing their child succeed with non-handicapped children.
- The child with special needs gains because he/she has more of an opportunity to develop his/her normal skills.
- Other parents as well as the community may benefit by becoming, through time, more aware and accepting of differences.



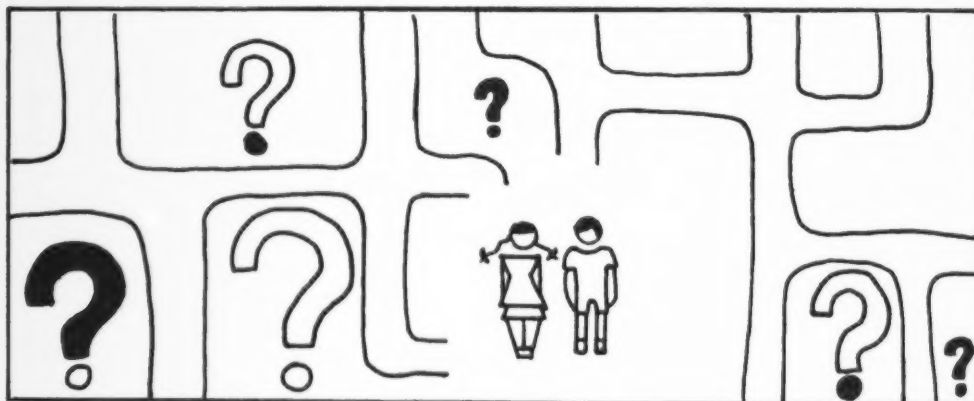
Martha's experience

One day, Martha received a phone call from a parent. The parent had learned that Martha was a good provider and that she had a space in her family day care home. The parent was very excited about placing her child but added that her child, Dorothy, had vision problems. A feeling of doubt struck Martha. "What do I know about working with a child with special needs?"

Martha's beginnings with Dorothy were difficult. Martha was unsure and this showed in the way she treated Dorothy. Martha tended to overprotect the child and would not let her do some of the things the other children did. One day Dorothy said to Martha, "I can do this myself - see!" And to Martha's surprise Dorothy proceeded to do the activity, slowly, but she did it. Martha saw the immediate reward. She saw Dorothy's face shine with success.

That night, Martha thought, "I need to look at myself. What I'm doing may not be helping Dorothy. I'm not letting her do some things that she is capable of doing." Martha talked to a friend and shared her concerns. She came to realize that because Dorothy had a disability, she had underestimated what Dorothy could do. As time went on, Martha got to know Dorothy better. Martha talked to the parents and specialists, and read about working with children with vision problems. Soon her fears vanished and a positive relationship grew between the child and her.

She finally saw Dorothy as a child who needed the same things as any other child - a chance to learn and feel success. She finally understood how her feelings and misconceptions about children with disabilities kept her from seeing the full potential in Dorothy.



Look at your own feelings

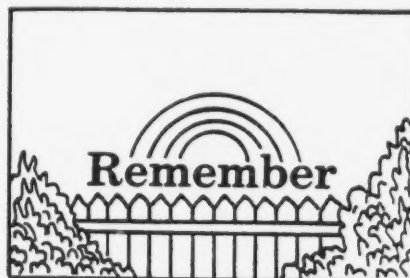
People in general feel a variety of emotions when they are with special needs children. It is human to feel such things as fear, sympathy, anger or frustration. As a provider, you might have some of the feelings that Martha felt.

- You might fear that you will not be able to help a child or know what to do with a child.
- You may feel anger because the child might require too much of your time. This is especially true with infants since they already require a lot of care.
- Sadness or pity for a child might swell inside of you. To overcome the pity, you might not discipline him/her when called for.
- You might get frustrated because he/she is not learning as fast as you would like him/her to learn.

If you should have any of these feelings, some of them will be communicated to the child in your day to day interactions. Not until one takes a good look at these feelings can one begin a path to a healthy relationship with a special child.

The very first step is to look at your own feelings. Be honest with yourself. Not everyone is going to feel comfortable working with special needs children. Once you have become aware that these feelings exist and may affect your relationship with a child, you can then begin dealing with those feelings and start on the road towards a healthy and positive relationship.

When working with children
with disabilities, get in
touch with your own feelings.



The importance of expectations

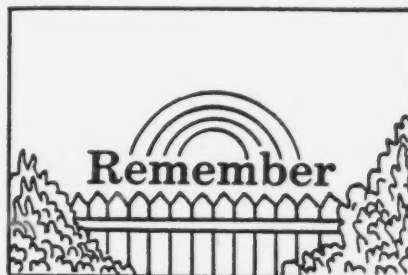
Because all children are different we should have different expectations for them. The age, experience, and environment of the child may affect what we expect of them. Not viewing the whole child may also alter our image of that child, as with Martha. Focusing on a particular disability may get in the way of our seeing what an infant or toddler is capable of accomplishing. This incomplete image of a child may prevent us from giving a child with special needs the opportunity to learn something he/she is capable and ready to learn.



On the other hand, one may expect a child to perform some task when forgetting that the disability could affect his/her performance. It is not unusual for these things to happen. **It takes time to know a child, any child.**

Initially you may not know what to expect from a particular infant or toddler with special needs but with time, patience and determination you will learn what are his/her strengths and weaknesses. Through experience with that child you will see your anxieties diminish. Looking at the whole child and not just the disability will make the job easier and will help you form more realistic expectations. Remember, don't underestimate what the child can do. More often than not you will be surprised.

Look at the whole
child and not just
the disability.



Questions to ask yourself

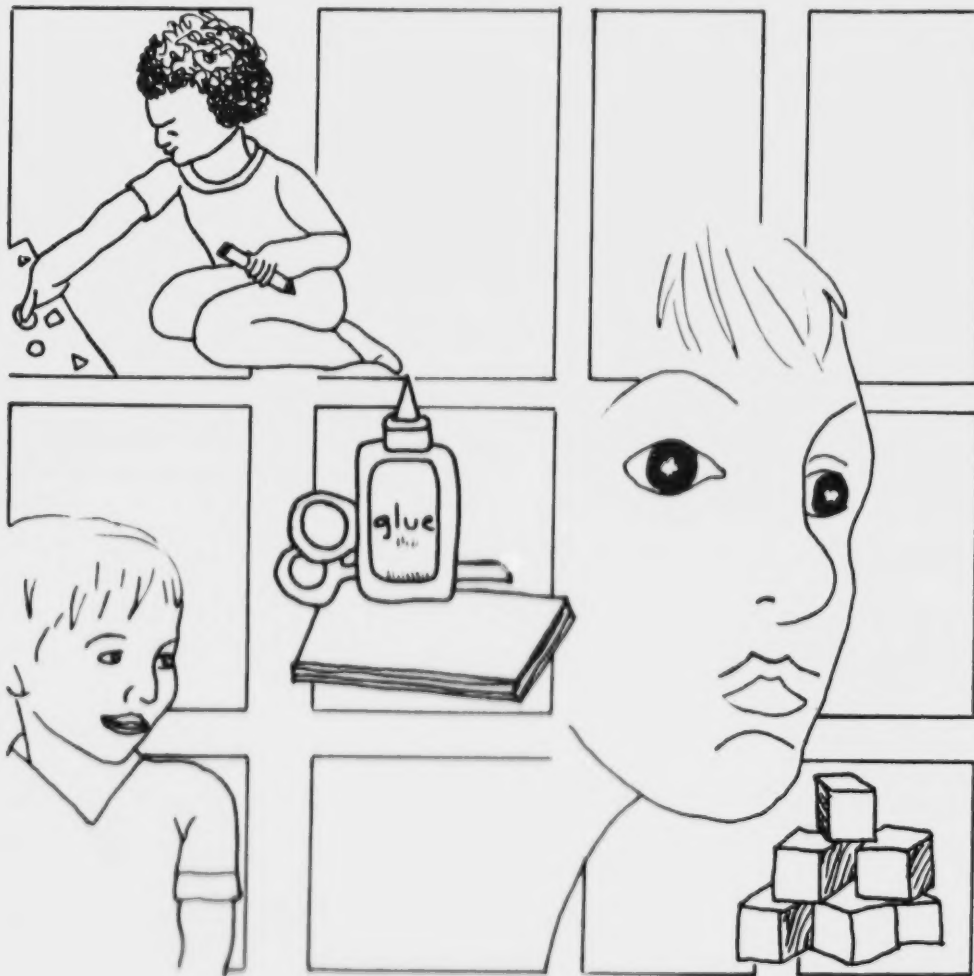
Martha learned a great deal about herself through her experience with Dorothy. She realized that there was a certain awareness that she needed in order to best help Dorothy. Martha asked herself how she could improve her skills and as a result, sharpened her valuable skills as a provider.

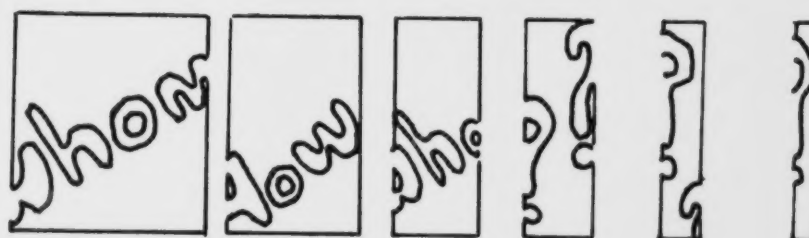
The following are some questions to guide you towards a better understanding of qualities necessary for working with a child with special needs or with any child.

- **Do I have a realistic attitude?** Do I look at myself, the children and the parents as we really are, or do I set goals that either I, the children, or the parents can't really meet?
- **Do I reinforce the positive?** Do I enjoy working and playing with the children and do I let them know that I approve through smiles, hugs, a clap or other positive displays of approval and support?
- **Do I respond to each child's strengths, weaknesses and needs?** Do I know what my children like and dislike, what interests them?
- **Can I bend with the changes?** Can I change my schedule to fit the needs of the day and can I modify an activity or the way I approach a child to best adapt to the mood of the group or child?
- **Do I use my imagination?** Do I think of different things for the children to do? Do I think about what will motivate and interest the children?
- **Am I aware of my needs too?** Do I know what I'm good at and not so good at? Do I know how to adapt my strengths to the needs of the children?

- **Am I committed to myself and my work?** Do I enjoy my work with the children and show commitment to them and to self-improvement? Am I able to cooperate with others, whether they be parents or other professionals? Do I know how to be good to myself so that I don't overwork myself?

If you have answered yes to most of the underlined questions, then congratulations; you are ready to care for special needs children.





Some common questions asked by providers

Over time, providers have shared doubts and concerns relating to what they feared would be involved in having a child with special needs in their home. Can I work with a child with disabilities, if I've had no special training? Will I need to change my home? Buy new equipment? Or change the way I teach? Will a special needs child need more attention than other children? These are all valid questions. The following are some answers that providers themselves have shared.

Can you work with a child with disabilities, if you've had no special training?

Yes, you can work with special needs children if you haven't had special training. Training helps, but not having had it does not mean you are not equipped to do so. As a good provider, you have a great deal to offer children with special needs. You have experience working with children and children with special needs are children

first. You are not being asked to be a professional diagnostician or therapist. Your role is that of a family provider offering a positive day care environment for that child. Positive communication with the parents and being open to suggestions from a child's therapist will aid you to meet more appropriately the needs of the child. There are also libraries and other sources of information available to you. There is always room for growth. As with any child, your understanding of that child with special needs will grow. Each day you will meet his/her needs more effectively. What you may learn from working with the child with special needs will enrich your experiences with all the children in your home.

Will you have to change the arrangement of your home, buy new equipment or change the way you teach?

Each child is unique. Each one has distinct needs, likes and dislikes, strengths and weaknesses. Part of a provider's role is that of flexibility and adapting to those differences. What changes you may have to provide will depend on the individual needs of the child. Children with mild disabilities will most likely not need any new special equipment that you do not already have in your home nor any drastic change in your approaches.

Time and experience with the child will guide you towards finding what adaptations may be needed. If possible, the specialists working with the child can aid you in suggesting ways of adapting what you already have for the children and give you tips and techniques for working with the child. You may encounter at sometime a child that may need some adaptive furniture or equipment (i.e. a special chair, spoon or bolster). If that is the case, it is suggested that you get together with the parents and specialists in order to find a way to provide the appropriate materials or equipment.

Will a child with special needs require more time from you than the other children?

Again, the answer depends on the needs of the child. More often than not, you will find that you may be spending more time initially planning for this child. As with any new child that comes into your home, it takes a while to learn what the child needs. A child may have a separation problem and that requires more effort on your part to work out. So too, you may find that a child with special needs may require of you to learn some new techniques in working with him/her. Whether the child will need more attention from you will vary according to the child and the situation.

Let us look, for example, at Tommy. Tommy had a mild motor problem. He had a slight weakness in his left arm and hand. As a result, he tended to use only his right arm and hand. The specialist spoke with the provider and suggested certain techniques that the provider could use during the day. The child was given opportunities where he was prompted to reach and grasp for objects with his left hand. At eating time, he was encouraged to place his hand above the table and reach for his cup. During playtime, he was motivated to hold toys such as musical instruments (bells) in both hands or reach for a toy while holding another toy. These techniques were incorporated into the day by the provider. They became second nature with time and experience.

As we can see once the techniques and adaptations have been learned and incorporated into your day-to-day interaction, you will find that they no longer seem to demand as much of your time. They will become part of your daily duties along with changing diapers, singing songs and playing with the children.



It is hoped that this chapter has answered doubts and concerns you may have had about having a child with special needs in your home. We emphasize that your knowledge and experience with young children is the main ingredient for working with children with special needs. Yes, you may be asked to give more effort but this effort will result in growth for you as a professional and will enrich your interactions with all children.

When working with a child with special needs, remember:

- Be honest with yourself and look at your own feelings, attitudes and expectations of children with special needs.
- The qualities for working with children with special needs are those for working with all children.
- Special needs children are individuals and need the same guidance and love from you as any child.
- There are many benefits from having a child with special needs in your home. The child, other children, and you gain from the experience.
- Having a child with special needs may entail more of your time and add some changes to your daily routine, but with time and experience it will enrich your skills as a provider.
- You will gain satisfaction by watching a child whom you have helped grow and learn.

Understanding How Children Develop

2



Understanding how children develop

This chapter will focus on child development.

Understanding how children develop will aid you in planning successful learning experiences for all children, including a child with disabilities. Gathering information about the children and learning how to observe them are other important tools that can help you best know the children's needs. Also of value is your awareness of the warning signs that may indicate that a child might have a delay. All of these tools will help you to avoid overlooking a child that may need services. It will also help you in planning more appropriate activities for the child with special needs as well as the other children in your family day care home.

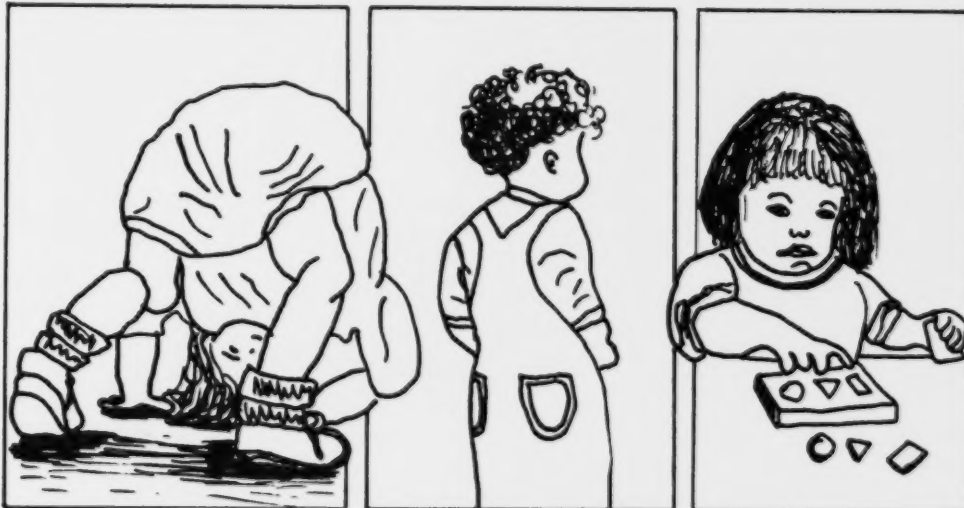
This Chapter will discuss:

- Aspects of child development
- Tips on gathering information about your children
- Observation techniques
- Warning signs of possible delays

Areas of development

Child development is the natural process of growth that a child goes through. It can be divided into different areas.

- **Motor Development;** how he/she sits, walks, grasps objects, how he/she moves his/her body from his/her fingers to his/her toes.
- **Language Development;** how he/she communicates through sounds and words and how he/she hears and listens.
- **Cognitive Development;** how a child thinks and solves problems.
- **Self-Help Development;** if a child can dress himself/herself, brush his/her teeth, drink from a bottle or cup.
- **Social/Emotional Development;** how he/she sees himself/herself, if he/she is confident or shy, how he/she relates to others.



Whole Child

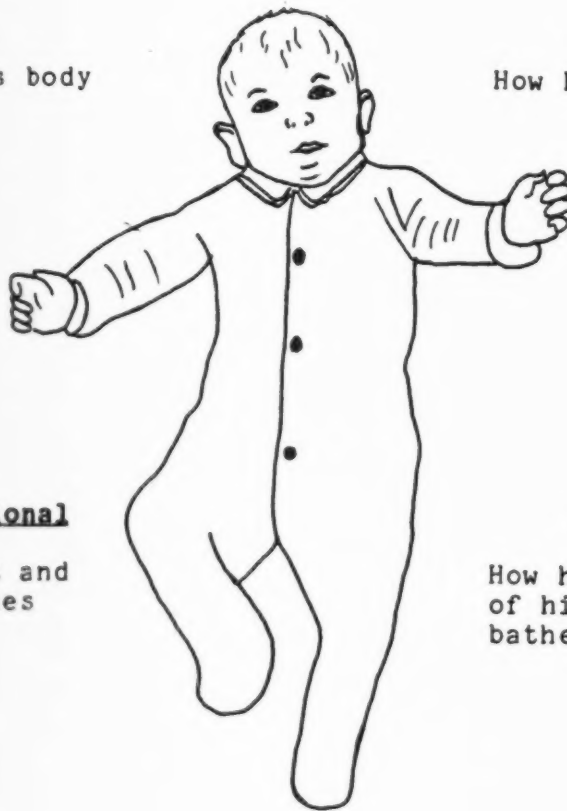
These are the different aspects of a child and when put together make the whole child.

Motor

How he moves body

Language

How he communicates



Social Emotional

Self-concept and how he relates to others

Self-Help

How he takes care of himself, eats, bathes, dresses

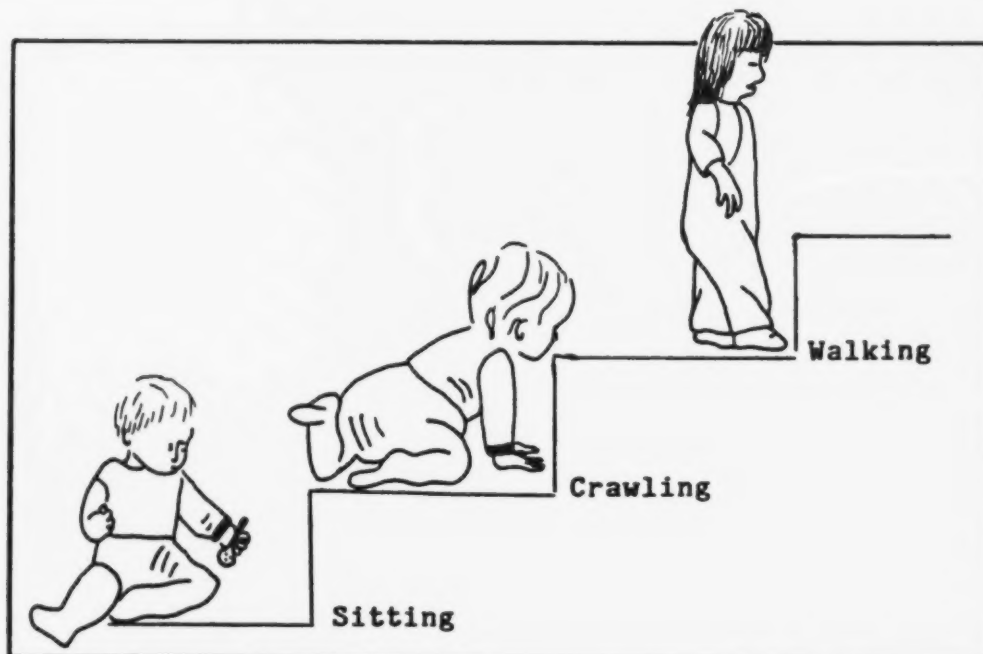
Cognitive

How he thinks, solves problems

Learning is sequential

Children are individuals with different needs. They learn at different rates. A child might learn to walk quickly but take longer to develop language skills. Another child may do the opposite.

All learning is sequential. When learning a skill, the child will begin with a simple task and move to a more difficult task. Before you can crawl you have to be able to sit. Before you can say sentences you must be able to say words, before words you must be able to pronounce sounds.



Those of you working daily with children have a good idea of how children develop. You've seen their accomplishments and their development and are aware of the different stages they go through.

Knowing and understanding normal development will help you with a child who has special needs or with any child. For this reason, we have included a chart of the milestones of development for children ages 0 to 3, that you can refer to whenever the need arises. When following milestones, always keep in mind that skills may overlap and that children do learn at different rates. Milestones charts are to be used as a guide only.



Developmental milestones

0 - 3 months

- sleeps a good part of the time
- learns to raise his/her head and maintains head erect
- discovers with his/her eyes a world around him/her
- follows with his/her eyes objects, faces and smiles
- recognizes his/her mother
- grasps objects that you put in his/her hands
- babbles spontaneously

3 - 6 months

- holds head and can sit with support for a short time
- begins to reach for objects
- brings objects to his/her mouth
- engages in social exchange and self-expression through facial expressions, gestures and play



6 - 9 months

- can sit alone for short times
- looks for hidden object (peek-a-boo)
- lying down; can roll over - face down or face up
- can slide himself/herself to get closer to an object or person
- recognizes family members
- begins to stand with help, holds onto furniture or person
- passes one object from one hand to the other
- can hold little objects between thumb and index finger
- vocalizes various syllables

9 - 12 months

- sits alone with control
- is able to stand alone holding on to furniture
- walks with hands held
- repeats a sound he/she had heard
- moves spontaneously to music
- understands a simple command (such as "come," "sit")
- shows curiosity in exploring his environment, looking at, touching and bringing all to his/her mouth



1 year - 1 year and 5 months

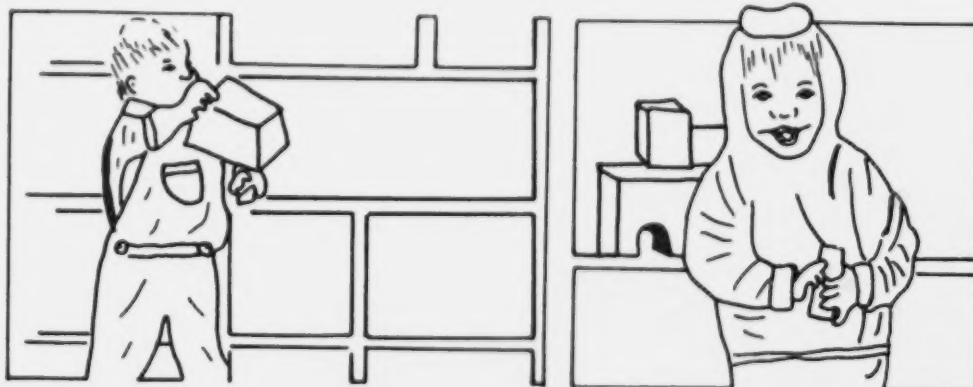
- walks alone
- piles two or three blocks
- fills a container (puts objects into a container)
- can pronounce 5 to 10 words

1 year and 5 months - 2 years

- goes up and down stairs (with help of a hand - then alone)
- stacks 4 to 6 blocks
- can use two-word sentences (example: "I go")
- learns to eat alone, still messy
- tries to imitate gestures
- plays alongside other child but does not play with child

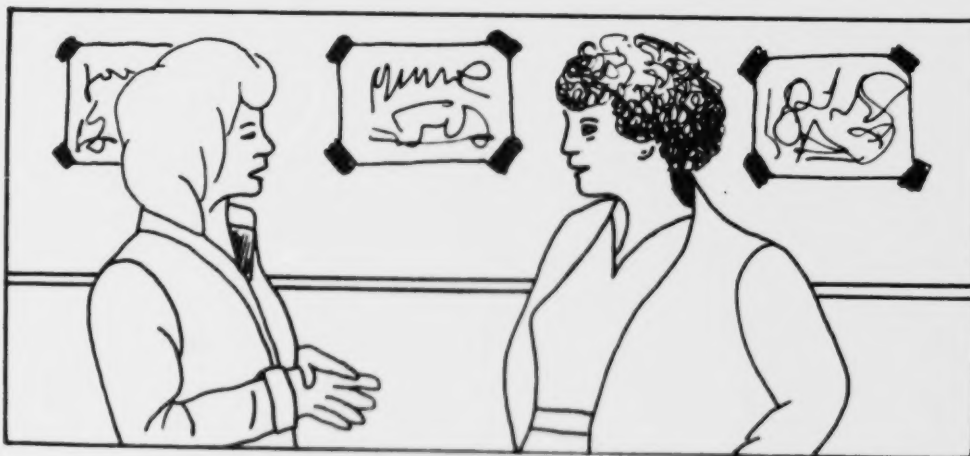
2 - 3 years

- learns to jump, climb and can hop on one foot
- can stack cubes to form a bridge or can stack up to 10 blocks
- develops language (begin to put words together like "more juice")
- reproduces a circle on paper



The importance of gathering information about a child

Finding out as much about the children in your family day care home will help you more effectively meet their needs. The information gained will help you in your work. It will help you to know more about the children and their development and will aid you in planning more appropriate activities.



There are a variety of ways of gathering information. At enrollment time you can interview the parents and use an enrollment form to get important background information about the children. Ongoing communication with the parents will also keep you updated on any changes in the home that may affect the child. Observation of the children will also give you valuable insights into their needs.

Enrollment information

Many of you know how important it is when enrolling a new child in your home to exchange information with the parents. By speaking with the parents you will be able to find out what the child's likes and dislikes are, what the expectations of the parents are in terms of meals, hours the child will be dropped off and picked up, special concerns, etc. At the time of enrollment, you can speak of what your expectations are as well. Clearly explaining to the parents what you want from them in terms of cooperation is very important. Mutually agreeing on what is expected and writing a contract of what you and the parents agree upon will minimize problems at a later date.

Getting as much information about a child initially will help you better plan the day for this child. The first step in finding out about a child is through speaking with the parents and asking some key questions about the child. For example, the child may have allergies or problems in feeding, sleeping, toileting or other difficulties that may affect his stay in your home. He/she may be used to a certain feeding schedule or sleeping schedule. This is all valuable information

that will aid you in meeting most appropriately the needs of any child in your home.

The following are some useful key questions to ask parents when enrolling their child:

- What are the child's sleeping habits?
- What are the child's eating (feeding) habits?
- What are the child's diapering or toileting needs?
- What are the activities that the child does well?
- What are the activities that the child is interested in?
- Are there any health concerns? If so, what are they? (i.e. allergies)

Another means of getting information from the parent is using an enrollment form that asks these questions. An example of this form is on the following page and has been included for your use. You can add other questions that you feel you will need. This form will give you an idea of what such a form such as this should include. You can either sit down with the parents and fill out the form together or you can give it to them to fill out and review it with them afterwards. You will find the information very helpful.

INTAKE FORM

I. Identification Information

Child's Name _____ Sex _____ Birthdate _____
Last First Middle

Child's Address _____ Phone No. _____

Parents or Guardians

Name	Address	Place of Employment	Phone No.
------	---------	---------------------	-----------

a. _____

b. _____

II. Emergency Information

Names of persons authorized to pick up the child _____

Hospital to be used in case of emergency _____

Address _____ Phone No. _____

Name of Doctor _____

Address _____ Phone No. _____

Name of Insurance Co. _____ Policy No. _____

Address _____ Phone No. _____

If parent cannot be reached in an emergency, contact:

Name _____ Home Phone No. _____

Address _____ Work Phone No. _____

Name _____ Home Phone No. _____

Address _____ Work Phone No. _____

III. Pregnancy and Birth Information

Describe: _____

IV. Health Information

Describe any serious illness or hospitalization: _____

Describe any physical problems _____

Describe any known allergies _____

V. General Information

Age child began to 1) sit _____ 2) crawl _____

3) walk _____ 4) talk first words _____

What is your child's daily schedule?

Wake-up _____ Mealtime _____ Naptime _____

Bedtime _____ Bowel habits _____

What does your child eat? _____

What food does your child dislike? _____

What kind of activities does your child enjoy? _____

Does your child have any fears? If so what are they? _____

Name your child's family members and their ages _____

Do you have any special concerns about your child or is there anything else you would like me to know about your child?

If your child receives any special services, please list them.

Parents or Guardian Signature

Date

Day to day dialoguing with parents

Daily communication with the parents will help you keep up with any changes that may affect the child. You may not be aware that a child may be having problems at home. For example:

Nancy, 2-1/2 years old, had been crying frequently for two days. The provider was surprised at this because Nancy was a very easy going child. The provider couldn't figure out why Nancy was being so cranky. She found out that the parents were having problems and the father had left home. Nancy's crankiness was her way of showing her fear and insecurity. By knowing what was affecting Nancy at home, the provider was better equipped to understand Nancy's behavior.

Bob left early one day. His mother informed the provider that they were going to the doctor. The following morning, Bob's mother mentioned that he had received a vaccination and that he might have a reaction from the shot. The provider was appreciative of the information. That day she was able to comfort Bob appropriately, thanks to the information the parent had given.

As we can see, the ongoing sharing of information with the parent will aid you in knowing how best to meet the needs of any child in your family day care home. You and the working parent sometimes may not have the time to talk at the beginning and end of the day. If that is the case, then communication by phone is another means of sharing information. Let the parents know what are the best times for them to call. Find out also when are the appropriate times for you to reach them as well.

Observation

Observation is another way you can find out a great deal about a child. We all observe people at one time or another. It is something natural in all of us. We learn a great deal by watching the actions of others. When one observes children, one is taking notice of their behavior in order to better understand them. Whether you know it or not, you are observing the children in your home every day. For example:

Tom is having difficulty zipping his coat. The provider observes him struggling with the zipper and quickly decides on how to intervene. Instinctively she's taken notice of Tom and has proceeded to help him practice a fine motor skill.

This is an example of an informal way of observing that aided the provider in guiding a child towards mastering a new skill.

Providers can carry observations even further with a more formal technique of observation. Taking time out to record your observations of a child will aid you to find out a great deal about him or her. Some things that you may have overlooked may be seen more clearly while concentrating on your observations of that child.

Formal observations can help you

- It can add to your understanding of a child.
- It can help you in planning your activities.
- It can give you information that you can share with the parents.
- It can explain some doubts that you may have about a child.
- It can give you a clearer picture of what the child can do and enjoys doing.



Ideas to guide you in your observations

The following is a list of features of a child that will guide you in describing your observations. It is divided into the different areas of development.

Gross Motor and Fine Motor

Gross Motor: How does he/she sit, crawl, walk, run, jump, push and pull?

Fine Motor: How does he/she grasp, hold an object or pencil?

Social - Emotional

- How does the child express his/her feelings of anger, happiness and fear?
- How does the child interact with the other children?

Language

- How does the child communicate with other children and adults?
- Does the child use a word, or two word sentences or complete sentences?
- Does he use his body to communicate? (i.e. hand gestures, pointing)

Self-Help

- How does he feed himself? (i.e. does he/she eat with his/her fingers, a spoon?)
- How does he/she dress himself/herself? (i.e. can he/she put on a coat by himself/herself, socks, shoes, etc.?)

Cognitive

- How does the child solve problems? (i.e. searching for hidden objects, puzzles, block building, matching, sorting, etc.)
- How long does the child concentrate on an activity?

Here are a few tips to follow so that your observations are clear and accurate.

- Keep paper and pencil nearby.
- Use facts to record what is happening (write what you see and hear).
- Be objective - "Don't Assume"

Assumption

Mark was playing with a puzzle.
Mary came and took it. Mark felt
very sad. He started crying.

Objective

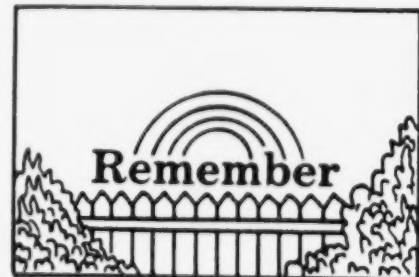
Mark was playing with a puzzle.
Mary came by and took it from Mark.
Mark looked at Mary and started to
cry.

- Place yourself at an appropriate distance that allows you to hear what the child is saying.
- Record your observations. Waiting until later you might forget some valuable facts.
- Write some important words on the paper that can help you later to write your observations.
- Write the child's name, time and date and where the observation was made.
- Watch the child at different times of the day.
- When you find one area shows a problem, try to focus your observation on that area.

"When do I have the time to observe?" You may ask. You can take advantage of free play outdoors and indoors to observe a child. Another good time is snack time or lunch time. Take advantage if someone happens to be helping you that day. Find those moments in the day that are best for you.

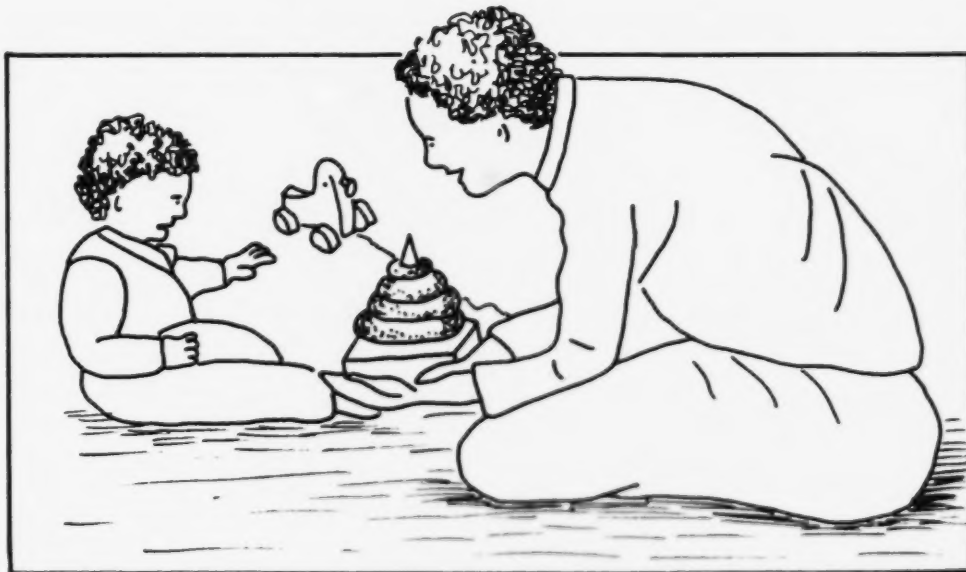
In conclusion, as you can see, a lot can be learned by observing a child. The more you do it, the easier it will get. All in all, it will really help you know the special needs child or any child so much better.

In your observations,
record what a camera or
tape recorder would catch.
Be Objective.



The warning signs

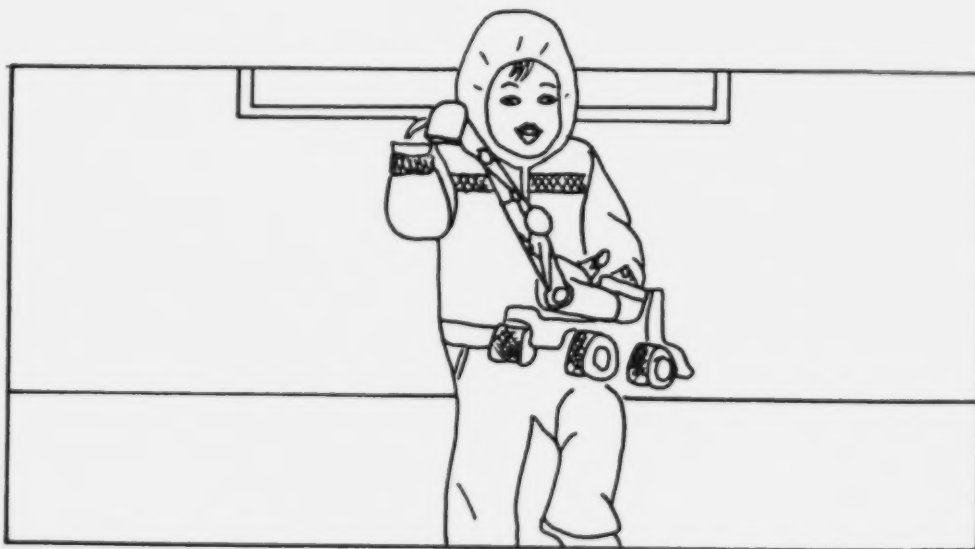
In an interaction with a child or through formal observations a provider may find that a child is having difficulties in one or more areas of development. For example, a one year old may not be able to sit upright by himself. Or, a child may be two years old and not be saying more than "mommy" or "daddy." These signs tell you there is a problem. They are indications of a possible delay in the child's development. There are many types of warning signs. Your knowledge of early childhood development will aid you in detecting them.



The developmental milestone chart (on page 30) can tell you if a child is doing what you expect of a child that age. Referring to the milestone chart or checklist will help a provider confirm that a child of 10 months should be able to sit by himself. It will warn the provider that there is a possible delay in the child's motor development. It will help you to more accurately detect any warning signs of possible delays.

Generally, for children 18 months and older, one should be concerned when the child is functioning six months to 12 months below the chronological age in one or more of the developmental areas.

On the next page is a list of indicators or warnings that might aid you in detecting a possible disability or concern.



Warning Signs

Be concerned and investigate further if you find the following...

Vision

- Eyes red and watery
- Often brings objects or books close to face and eyes (excluding infants who at this age often bring objects close to their face)
- Eyes crossed
- Rubs eyes frequently
- Tilts head when looking at book
- Blinks more than usual
- Bumps into objects and falls often
- Squints

Hearing

- Frequent ear infections
- Does not respond to sounds by six months
- Does not respond to person speaking when not facing person
- Continuously turns same ear to sound

Motor

- Does not sit alone by age 1
- Does not stand alone by 14 months
- Does not walk by 16 months

Cognitive

- By 12 months is not searching for hidden objects
- By 12 months does not respond to and imitate facial expressions of others
- By 24 months cannot match two similar objects
- By 24 months cannot follow simple directions (i.e. give me, show me your doll, get your shoes)
- By 36 months does not stack rings on peg in order of size
- By 36 months cannot match associated objects meaningfully (i.e. given cup, saucer, bread - cannot match cup and saucer)

Language

- Does not say "momma" or "dada" by age 1
- Is not able to label familiar objects by age 2
- After 2 years, the child uses mostly vowel sounds (oo, ah, ee) and gestures to express himself/herself.
- The child's voice is either so soft that you can hardly hear it or very loud.

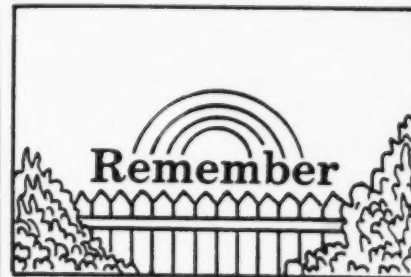
Social-Emotional

- By age 3 there still is solitary or parallel play
- Reacts excessively to loud noises (frequently shies away from or jumps from noise)
- Very short attention span (i.e. goes from one activity to another frequently) (excluding infants)
- Frequently fearful of strangers (This depends on the age of the child. Exclude children 9 to 18 months old. They pass through a similar phase.)

It is important to remember that if a child shows any of these symptoms, it is not necessarily an indication of a problem. However, if he/she over time repeatedly demonstrates several of these symptoms, then the child should be referred for further evaluation. Remember that at some ages the symptoms do not apply (i.e. infants 9 months to 18 months are sometimes fearful of strangers).

In conclusion, the warning signs and your knowledge of the developmental milestones will help you detect if a child has a developmental delay. This knowledge and your awareness of the warning signs will aid you in determining if there is a possible concern to be further investigated.

Be concerned if a child demonstrates several of the warning signs, repeatedly.
Be sure to investigate further.





We have seen in this chapter how important it is to know your children well. Through talking with the parents, understanding child development and observing children, you will come to know well their strengths and weaknesses as well as their interests. As a result, you will be better equipped to plan appropriate activities that will bring out the best in the children in your day care home. You will also be more capable in detecting any possible delays that a child may have.

In conclusion, when working with children, it is important to:

- Understand child development.
- Gather information from parents through the enrollment process and by day to day dialogue with the parents.
- Be able to observe children accurately and objectively.
- Understand and be aware of the indicators of possible disabilities.

**Steps to Take If
You Find a Child
With Special Needs
in Your Home**

3



Steps to take if you find a child with special needs in your home

YOU AS A PROVIDER ARE NOT EXPECTED TO BE A PROFESSIONAL DIAGNOSTICIAN OR SPECIALIST. However, as a provider, you are expected to understand and care for children. You are with the children for the ups and downs, the bruises and tears and the joy and laughter. Through your day to day interaction and careful observation, you are aware of the needs of each child in your Family Day Care Home. So... what if you should come across a child that may have a disability? What should you do? Who are the specialists? What is the process to be taken? And what is your role? In this chapter we will answer these questions.

This chapter will discuss:

- Approaching the parents with a referral
- The specialists and what to expect from them
- The assessment process
- Your role as a provider

Approaching the parents with a referral

Young children with severe disabilities such as blindness or deafness have conditions that are easy to detect at a very young age. However, there are also those children that might have a slight hearing loss, blurred vision, walk slightly differently from others, or be just a bit behind. These problems are more difficult to detect because they are less visible.

If you should come across a child you suspect might have a problem, you should express your concerns with the child's parents. One can never be completely sure that one is making a correct referral. However, one should not hesitate to suggest further investigation to wipe away any possible doubts.

Before approaching the parents, you should have written notes from your observations of the child. Clear facts are needed in order to explain your concerns with the parents. Remember also that confidentiality is important when discussing information about a child.

Once you have collected the needed information, set up a meeting with the parents. In the meeting you can share your information and find out if the parents have noticed similar behavior.

After sharing your concerns and listening to what the parents have to say, you should agree on a plan of action. Get them involved by asking them to observe their child over a certain period of time. Clear, non-threatening communication with the parents is very important. If a mutual decision has been made for referral, you may suggest to the parents that they speak with their physician who may refer them to the appropriate specialist.

You will find that some parents are not open to hearing that their child might have a problem. It is natural to find some resistance. Chapter 4 will discuss more in depth your relationship with the parents. In conclusion, when sharing your concerns with parents, it is important to remember that you should present yourself in a supportive and nonthreatening way. This approach is usually the most effective.



Steps towards referring a child

1.

Observe the child and write down clear and factual notes.
Remember confidentiality.

2.

Meet with the parents, share notes, listen and be supportive.

3.

If possible, get the parents involved. Set a time period for observation by the parents.

4.

Decide on a course of action with the parents, whether it be more time for observation or for a referral.

Supportive, clear, nonthreatening communication is a key factor in speaking to parents about possible concerns pertaining to their child.



The assessment process

A child with a possible disability will go through an assessment process. It is a comprehensive approach to gathering information in order to plan a program for a child with special needs.

A screening (test) is usually the first step of the assessment process. It is a fast and efficient way to determine if a child should be referred for more in-depth evaluation. Some common screenings are vision screenings, hearing screenings and educational screenings. The educational screenings usually include language, cognitive, social/emotional and motor development. They can be administered by trained para-professionals. A screening will usually determine if there is a reason to be concerned.



If through a screening a child is found to have a possible problem, then the child will be referred for more indepth evaluation.

A number of evaluations might be called for. There are a wide variety of tests used to evaluate children with possible disabilities. These evaluations might be administered by various specialists.

The purpose of these evaluations are:

- To find out if a child may have a disability.
- To determine the areas of weakness and strength.
- To develop a plan of action.
- To decide what services are needed.

The following is a list of the specialists and what area of concern they might evaluate:

Physician, Audiologist, Otolaryngologist	Hearing
Speech Therapist, Speech Pathologist	Speech
Psychologist, Psychiatrist, Educator	Cognitive (Thinking)
Physician, Ophthalmologist Optometrist	Vision
Child Psychiatrist, Psychologist	Emotional
Physician, Orthopedist, Neurologist, Physical therapist	Physical

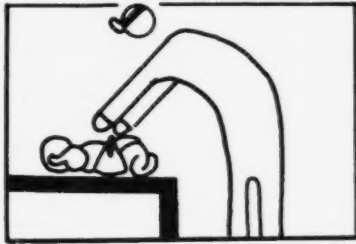
If the testing determines that a child has a disability, then the next step is the development of a treatment plan. This plan should explain the specific goals that have been set for the child. It describes his/her abilities and determines what skills the child should master over a period of time.

This plan is usually developed between the specialist/s and parents. As a team they will design a program which will zero in on the child's strengths and weaknesses and determine what the child should learn in a block of time.

Working with the specialists

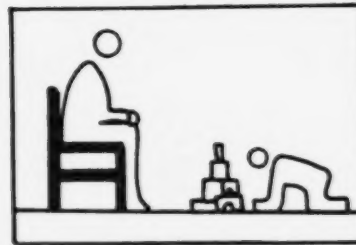
In working with children who have special needs, you may come in contact with one or more specialists or agencies in the community. As we previously mentioned, a child with special needs may be referred to one or more of the specialists depending upon the area of concern. For this reason, a diagram listing some of the different types of specialists has been included for your information along with a brief description of what they do.

Some of the specialists and what they do



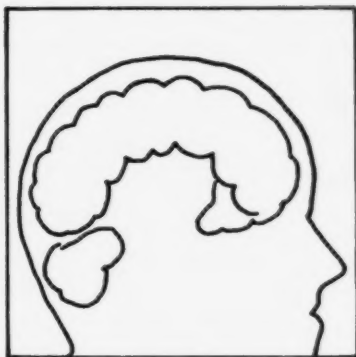
Pediatrician

A medical doctor specializing in infants and young children.



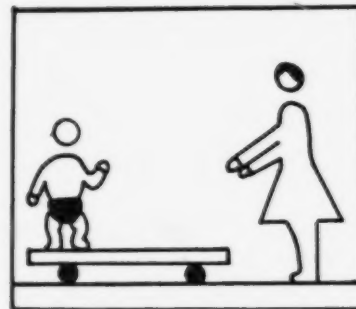
Child Psychologist

A trained professional who assesses children using formal and informal tests to determine strengths and weaknesses.



Neurologist

A medical doctor specializing in the brain and nervous system.



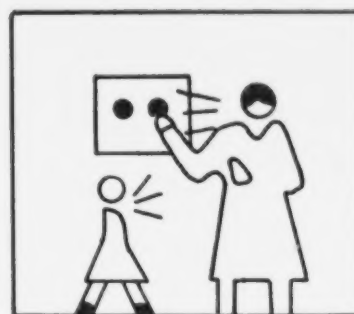
Physical Therapist

A professional trained to provide therapy and exercises to aid better movement.
(motor)



Occupational Therapist

A trained professional that provides therapy through self-care and work and play to enhance motor development.



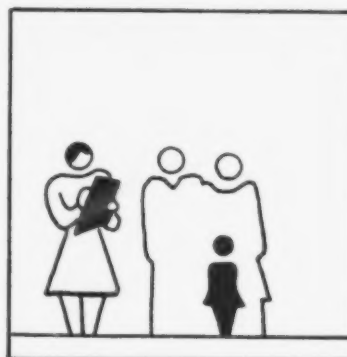
Speech Therapist

A trained professional that provides treatment for children with speech problems.



Special Education Teacher

A teacher trained to provide education to children with special needs.



Social Worker

A professional trained to support families and to aid them in securing assistance within the community.

Your role in the assessment process

One of your most important roles comes from your observations. You are with the child every day and therefore have valuable insights to offer. Let the parents know that you are available, if needed, to give information to the physician or the specialists.

Once the child has been referred, the level of your involvement will depend to some degree on the agency or specialist/s. Some persons may ask you for your input. As the provider, you may want to take it upon yourself to communicate with the parents or specialists in order to ensure that what is recommended for the child is carried through while he/she is in your home. You must have the permission of the parents to contact the specialists. You may ask to participate in the program planning meetings and/or ask the parents or specialists to share the information from the reports. Do not hesitate to ask for help in understanding the reports.



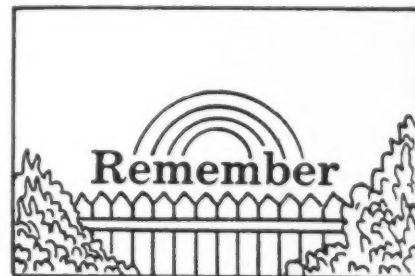
Remember, you are with the child all day and you are an important part of that child's life. Make sure that the parents or specialists share with you the information and give you suggestions that you can use in your home.

Communication among you and the parents and specialists is very important. Continuity among what the specialists do, what the parents do in the home and what you do will ensure more effective and positive growth in the special needs child. With a special needs child in your home, you will find that the expertise of the specialists will help you plan more effectively for the child. There may



be moments of frustration, and through communicating openly with the specialist/s and/or parents you may come to solve some of the possible problems you may encounter. In case you do not have the opportunity to speak with the specialists, you could request parents to bring some notes from their meetings with the specialists in order to share the recommendations. A team approach will help all those working closely with the child. It is recommended, if possible, that you meet periodically with the specialists and parents, to update any new goals and to give suggestions. The specialists can be used for support and consultation when needed. In conclusion, in order to ensure rewarding experiences for both the child and you, open communication with the parents and specialists is important.

- Don't be INTIMIDATED!
- You are with the child every day and you have valuable knowledge about that child.
- Don't hesitate to ask questions.
- Communicate openly with the specialists and parents.





In this chapter we discussed how to go about referring a child for evaluation, stressing the importance of supporting, involving and directing the parents in the process. We have talked about what the assessment process entails and that its main goal is to gather information in order to design an appropriate intervention plan for the child. Information concerning the specialists has been listed for your information. We have discussed the importance of your role as a provider and stressed that you are a valuable contribution to the successful and rewarding experiences for that child.

In conclusion, when referring and working with a special needs child, it is important to:

- Be aware that not all parents will be receptive to the concerns you share.
- Be SUPPORTIVE and factual when sharing concerns with the parents.
- Develop, along with the parents, a plan of action for the referral.
- Be aware of the types of services the child is receiving in order to reinforce what is appropriate for the child in your daily interaction.
- Be open to suggestions from the specialists and allow for open communication with the parents and specialists.

The Relationship between Providers and Parents of Special Needs Children

4



The relationship between providers and parents of special needs children

As a provider, you are aware of the importance of your relationship with parents and how it affects you and your work with the children in your home. Parents have different needs as do their children. It is helpful to be able to understand some of these needs in order to best relate to them. In addition to their normal concerns as parents, parents of children with disabilities have to deal with many feelings concerning their special needs child which may affect you in your day to day interaction with them. For this reason this last chapter is dedicated to working with parents who have children with disabilities.

This chapter will discuss:

- Understanding parents' needs
- Ingredients of a positive relationship
- Your role in working with parents of special needs children

Understanding parents' needs

As we all know, parents have different needs and each relate differently to you. You may have single-parent families or two-parent families, parents from different backgrounds, or different cultures, with their own expectations. You may have families where only one member is working or more often than not where both parents must work. You may have parents that for the first time place their child in day care and feel guilty when saying goodbye to their child every morning. On the other hand, you may have parents that have experienced placing several of their children in day care and are more relaxed about doing so. You may also experience parents from a different culture that may believe in other forms of discipline when raising their child. Parents of children with special needs, in addition to the normal feelings of any parent, have to deal with emotions related to their child's disability. In your relationship with them it is important for you to be aware of their needs. It will enable you to deal more effectively in your day-to-day interactions with them. Parents of children with special needs are parents first, however, and they do share some common feelings.



When I was told that my child possibly had a delay, my first reaction was "Not my child!" Alone, later I asked myself if I had done something wrong. I felt a deep pain inside of me of fear and helplessness. "Why my child?" "Why me?"

It was very normal for this mother to react as she did. Her daughter was an extension of herself. Telling her that her child might have a developmental delay was as if someone was telling her that she had failed as a parent. And of course she hadn't failed, she had been a good mother.

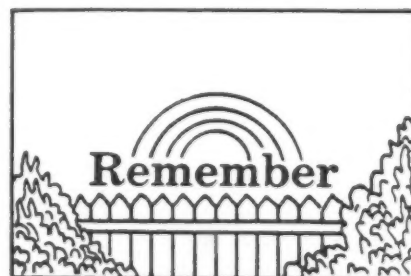
Parents react in many ways when they learn that their child has a disability. The degree of the disability can determine how deeply a parent may react. However, there are several common feelings that many parents experience.

- One of the first common reactions is that of denial, like the mother above when she said, "Not my child!" At times some parents may avoid situations where they are reminded of the problem. Also some parents may even believe that the problem will simply go away.
- Another common emotion is that of anger. It is a way of dealing with disappointment and grief. The anger at times can be directed towards the person that tells her/him of the concern or it can be directed towards family and friends.
- Fear is another probable emotion. Not knowing what to expect, what to do and feeling confused are possible reactions. "What does the future hold for my child?" Many questions affecting the child, the parents and the whole family may arise.
- As with the mother who said, "Have I done something wrong?", guilt creeps upon parents. Parents ask themselves, "Did something happen during pregnancy or did something happen during the early months that might have caused this?" "Did I not watch my child closely enough?"

- Other common feelings are those of confusion and powerlessness. Parents, because of the shock and fear may not understand all that's being told them. They may find it difficult to make decisions, not knowing what direction to take.
- Parents may also feel disappointment in their child. "My child is not perfect." Parents may even reject unknowingly their child. "My child is not living up to what I imagined or expected a child of mine should be." They may feel a loss, the loss of a child that could have been.

Not all parents go through all these emotions and feelings but it is important to know that they may exist. They are all possible reactions that you may run into and that may affect your relationship with them.

Not all parents are going to show the same feelings.



You may encounter children that were premature or had medical complications in early life. The anxiety and fears the parents experienced carry on at times into the child's later life. The children may be an ongoing source of worry for these parents.

John was born with a low birth weight and respiratory complications. He stayed in the hospital till he was nine weeks old. He returned to the hospital again at a year because of a bout with pneumonia. Now John at 2-1/2 years is much healthier and is attending a family day care home. John's parents are over protective of him. They don't want him to go outside when it's cold. They also keep him home often because of a simple runny nose. He's missed day care often.

"Why are his parents so over protective?" the provider asks. It is important to note that because of the emotional pressures the parents went through during John's early life, they still worry about John. They fear that John may get sick again. Even if John is now healthy, the parents still carry the fear with them.

Parents of children with developmental delays grow with their children and may fear each new situation and milestone.

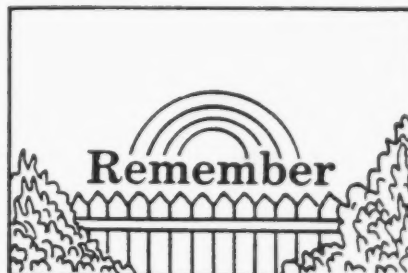
Mary's parents were happy when Mary learned to walk at 18 months but worry again now that she's two and only says a few words.

Parents of children with special needs may spend years on their guard. As with Mary's parents, many ask themselves what awaits their child when they reach school age.

Having a child with special needs can have profound effects on parents. The road to acceptance and adaptation can be long and hard. Some parents may experience more intense feelings than other parents. How they will deal with the stress will depend upon their own emotional makeup and the type of support they receive.

Parents of children with special needs are parents first. The skills you use with all parents are effective and applicable to them. Nonetheless, remember to try to be aware of their needs and feelings. Most will welcome that understanding.

Parents of children
with special needs
are parents first.



Some ingredients for a positive relationship

It is helpful to know what basic qualities are necessary for any good relationship, including that between parent and provider. Relationships are built on realistic expectations, open communication, mutual respect and trust. They also take time to grow.

Expectations

Earlier in this handbook we spoke of how important it was to set up clear and realistic expectations from the beginning. You have your expectations of parents - what you would like from them. So too parents expect certain qualities from you. These expectations will affect your relationship with them.



What do you as a provider expect from parents?

- They will cooperate with you.
- They will listen to your suggestions.
- They will respect your opinion.
- They will communicate openly their desires.

What do parents expect from you?

- You will provide quality care for their child.
- You will offer their child a safe and healthy environment.
- You will feed their child properly.
- You will listen and communicate openly with them and offer good suggestions.
- You will understand their needs and respect their opinions.

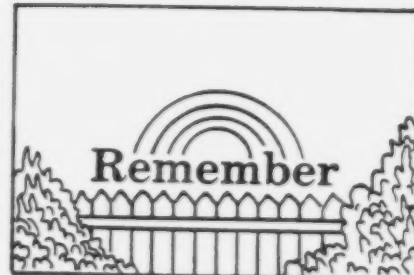
It is important to note that **parents of children with special needs** may have some added expectations or concerns. **They may ask themselves:**

- Does my child fit in a provider's home?
- Has my child been accepted by the other children and the provider?
- Does the provider spend enough time with my child?
- Has my child progressed?
- Is the provider sensitive to my child's needs?

These are natural questions to ask. You can best help them by reassuring them. Let them observe. Allow them to see the positive atmosphere of your home and let them know how well the child gets along. Share with them what you do with their child. With time and reassurance, they should begin trusting their child's day care environment.

We have shared a few basic expectations. Being human, however, parents as well as providers may have unrealistic expectations at one time or another, which may affect the relationship. Letting parents know what you expect and allowing them to do so as well will minimize potential problems.

- Determine what families may want from you by asking them.
- Ask yourself, "Is what I am asking of the parent something that this parent, at this time, is capable of doing?"



Communicating with respect

How you communicate with parents is another key factor in your relationship with them. When you speak to parents, make sure you explain things in a clear and factual way. Don't avoid saying certain things, but look at the best way and best time for sharing that information. Some parents will be open, some may have the same concerns and others may disagree with you. Be aware that some of the information you are sharing may be hard for them to receive. Learn to be a good listener.

How you share information is important. Remember to praise parents for the positive things they do for their child. Don't just find fault or "preach" to them.

Dick is a very smart little boy. He's been learning his colors and knows how to do 3 and 4 piece puzzles. However, I've noticed that he cannot...

I can understand how busy you can be but I also know how concerned you are about Jane's behavior.

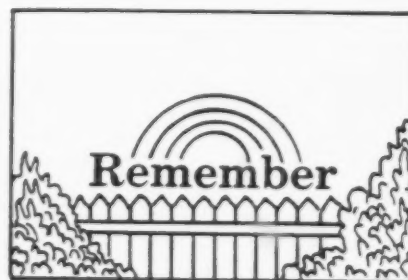
Focus on the needs of the child, not on what the parents are doing wrong. You can guide the parents in "realistic expectations" of what the child can do without treating the child as something fragile or as a problem. Using clear and supportive language will aid you in keeping the communication channels open and positive.

Mention should be made that how people feel about themselves will also affect their relationships with others. People don't always feel good about themselves at all times. That is why it is important to try to understand your own feelings and those of the parents.

We have discussed some valuable ingredients in your relationship with parents. These ingredients direct both you and the parents towards a trusting relationship. The road is sometimes long and bumpy. However, through time if there has been realistic expectations, open communication and respect, a trusting relationship will grow.

- Be a good listener
- Choose your words carefully
- Be supportive but truthful

A trusting relationship takes time and patience to grow.



Your role in working with parents of children with special needs

As a provider your role with parents of children with special needs is that of guiding them in seeing their children as they are and to help them encourage a positive self-concept in their children. You are not asked to be a counselor but from time to time you may find them coming to you for reassurance and advice. A feeling of success for both parent and child will go a long way. If they see success in their child, no matter how small, it will give them more confidence in themselves as parents. You and the parents are partners in offering the best for their child. There are a variety of ways to ensure that positive partnership. It can be done through meetings, involvement activities, and a variety of other ways.



Meeting with parents

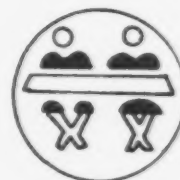
From time to time set up a specific time to meet with parents. It will be a time for you and the parents to share information and to clarify any problems. It will be a time to look at the accomplishments and to set goals. The following are a few tips that will aid you in your meeting with them.

- When setting up a meeting with parents, make sure you create a comfortable atmosphere where they feel accepted and not threatened.
- Be aware of your feelings in relationship to the family. Assume that deep down they want the best for their child.
- Remember that parents at times need reassurance. They need to know that what they are doing is positive. A parent with a child with special needs, needs to hear about his/her child's accomplishments no matter how small.
- Work closely with the parents to choose goals for the child. Share your goals and also ask what goals the parents may have. Take them into consideration.
- Make sure that the suggestions you make are practical ones that fit in the family routine and life style.
- Focus on the needs of the child, not on what the parents are doing wrong.
- Be supportive but be truthful.

Parental involvement



Observing their child in
a classroom activity



Sharing lunchtime



Taking field trips



Celebrating holidays
and birthdays



Painting and repair party



Sharing a talent or
something special
with the children

Parental involvement

Providers realize that they are more often than not providing day care for children of families who work outside the home. However, it can be assumed that parents want to be involved in their child's progress. They want as much information on the growth and development of their children. Be aware that families are different and that the degree of involvement varies from one family to another.

There are many ways that parents can get involved. A lot depends on how one approaches them. If a provider relates to the parents in a welcoming way, it is sure to attract them towards involvement. As a provider, you may choose a variety of activities to involve the parents. Encouraging observation and participation in your home activities will give them an opportunity to see their child in a different environment other than at home. Their child may be doing certain things that they might not see at home. Let them know that they are welcome. As previously stated, parents have different schedules and will get involved in different degrees. You can suggest to them that they may come earlier one day or leave work a few minutes earlier to get a chance to see their child in the family day care home environment. Another

possible time to visit is lunch time. A parent of an infant may want to take their infant for a ride in a stroller. More often than not it will make them feel good to have shared a moment in their child's daytime routine.

Parents can also participate in the celebration of holiday activities and birthday parties as well as joining in on field trips. An activity such as a work party to paint or repair can be fun and rewarding.

Some parents may have some talents that they might want to share with the children whether it be a dance, an art activity or music activity. Parents from different cultures may share some of their particular customs with the children. A parent that has taken a trip and has slides or photographs may share his/her trip with the children. The children will love it and the parents' child will be so proud. If parents work in the neighborhood, field trips to their work place can also be arranged (i.e. bakery, dentist office, grocery store, etc.).

Not all parents are going to be involved in all activities. Some will have more time than others and more desire to join in than others. However, the opportunity for involvement, no matter how small, will be a positive influence on both parents and children. It will add a positive and enriching influence to your family day care home.

Parents in need of support and information

Parents of children with special needs have at times additional concerns and stress. There is always the possibility that they may share their problems with you. You are not asked to be a counselor but you can offer a few suggestions that may lead them to getting the support or information they need. A diagram of community services and agencies is available for you on the next page. It lists the possible places for information, for support, and referral. In the appendix you will find a list of agencies and organizations with their addresses where parents or you, as a provider, may write to for more information.

If a parent comes to you for ideas on where to go for help, you can mention some of the resources given to you in this handbook. You may suggest also to the parents that there are organizations of parent groups where they can share with other parents similar concerns. If the parent is open to your suggestions you may also add that there are mental health clinics in their area with counselors that can give them support. Some parents will not be open to these suggestions while others may ask you for the advice. Again, each parent is different. If they do ask for your advice, you will at least have an idea of what to suggest to them.

Resources in the Community

Where individuals can go for help and information.



Hospitals

Clinics

State Department of Education

Public Schools

Community Agencies

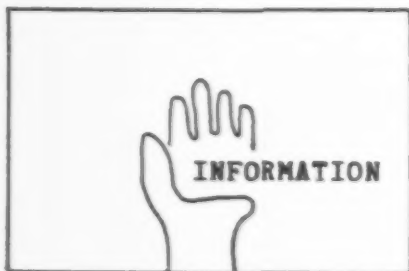
Mental Health Agencies



Physician

Social Worker

Specialists



Public Libraries

University Libraries

Agencies for the
disabled

A LIST OF RESOURCES IS AVAILABLE IN THE APPENDIX



This last chapter has offered you information that will aid you in working with parents. Parental support and cooperation will help you make the children's day care experience so much more beneficial and help make your job so much more fruitful. A positive parent/provider relationship is the key factor. Your awareness of how they may be affected by their child's disability will help you understand their needs as well.

In conclusion, when working with parents, remember:

- Parents of special needs children may have specific needs concerning their child's disability.
- Your role is to help parents see their child as he/she really is and to help them nurture in their child a healthy self-image.
- The important ingredients for developing a positive relationship are: open communication, mutual respect, clear expectations, and trust.
- Parents will get involved to different degrees and the opportunities for their involvement will only strengthen their confidence in themselves and their child's day care situation.

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Resources

For more information on handicapping conditions you may write to the following organizations.

This Resource listing is from the National Information Center for Handicapped Children and Youth, P.O. Box 1492, Washington, D.C. 20013.

American Council for
the Blind
1211 Connecticut Ave., N.W.
Suite 506
Washington, D.C. 20036

American Federation for
the Blind
15 West 16th Street
New York, NY 10011

American Speech-Language-
Hearing Association
10801 Rockville Pike
Rockville, MD 20852

Association for Children and
Adults with Learning
Disabilities
4156 Library Road
Pittsburgh, PA 15234

Association for Persons with
Severe Handicaps
7010 Roosevelt Way, N.E.
Seattle, WA 98115

Association for Retarded
Citizens/U.S. National
Headquarters
P.O. Box 6109
2501 Avenue J
Arlington, TX 76011

Association for the Care of
Children's Health
3615 Wisconsin Avenue
Washington, D.C. 20016

Council for Exceptional
Children

Epilepsy Foundation of America
4351 Garden City Drive
Landover, MD 20785

Goodwill Industries of America
9200 Wisconsin Avenue, N.W.
Bethesda, MD 20814

Library of Congress
Division for Blind and
Physically Handicapped
1291 Taylor Street, N.W.
Washington, D.C. 20542

March of Dimes Birth Defects
Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mental Health Association
1800 North Kent Street
Arlington, VA 22209

National Association of
the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

National Easter Seal Society
2023 West Ogden Avenue
Chicago, IL 60612

National Society for Children
and Adults with Autism

1920 Association Drive
Reston, VA 22091

Developmental Disabilities
Office
U.S. Dept. of Health and
Human Services
200 Independence Ave., S.W.
Room 338E
Washington, D.C. 20201

Down's Syndrome Congress
1640 West Roosevelt Road
Chicago, IL 60608

1234 Mass. Ave., N.W.
Suite 1017
Washington, D.C. 20005

National Spinal Cord Injury
Association
369 Elliot Street
Newton Upper Falls, MA 02164

Spina Bifida Association
of America
343 South Dearborn Street
Suite 319
Chicago, IL 60604

United Cerebral Palsy Assoc.
666 East 34th Street
New York, NY 10016

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